PROGRESS

OF

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MEDICINE.

UNDER THE CHARGE OF

WILLIAM OSLER, M.D.,
REGIUS PROFESSOR OF MEDICINE, OXFORD, ENGLAND,

AND

W. S. THAYER, M.D.,
PROFESSOR OF CLINICAL MEDICINE, JOHNS HOPKINS UNIVERSITY, BALTIMORE, MARYLAND.

Meningismus Typhosus and Meningotyphus.—STAUBLI (*Deutsch. Arch. f. klin. Med.*, 1904, Band lxxxii. p. 90). Curschmann, in 1886, published 5 cases of genuine purulent meningitis complicating typhoid fever, and in his article draws attention especially to cases of typhoid setting in with signs of meningeal irritation, which, however, at the end of a week or two recede to give place to the usual symptoms of the disease. Fritz had previously noted similar cases and had pointed out that occasionally the meningeal symptoms persisted until late in the disease. He also emphasized the fact that such cases dying and coming to autopsy showed no lesion of the cord or brain. Since then many authors have commented on the condition, and in 1888 Wolf published 12 cases from Curschmann's clinic, 3 of which died, yet at autopsy the brain and cord were found to be normal, while cultures from the central nervous system were negative. Such instances have been explained by the presence of a soluble toxin with special affinity for the nerve cells. Stäubli cites 2 cases from Müller's clinic. In the first, with marked meningeal symptoms, no organisms were obtained by cultures from the spinal fluid, and after death the central nervous system showed no lesions. In the second there were, besides meningeal symptoms, motor cortical aphasia and ataxia of the legs and arms. This patient made a complete recovery. For such cases Bouchut has suggested the name "meningismus typhosus."

There are, however, cases in which at autopsy a purulent meningitis is found to explain the symptoms. Birch-Hirschfeld points out that brains showing apparently only a congestive hyperæmia may, on microscopic examination, display the early changes of inflammation. It was for a long time contended that the typhoid bacillus could not produce a purulent inflammation and that the meningitis when present was caused by a secondary infection. There are now, however, numerous instances where the typhoid bacillus alone has been cultivated from the spinal fluid obtained during life and from the exudate after death. It would not be surprising if one could occasionally obtain typhoid bacilli from the brain, considering how widely distributed they are in the body, and to render the evidence conclusive they should be demonstrated in the exudate in sections. Stäubli offers such convincing evidence in a case he reports.

Enterogenous Cyanosis.—Hijmans v. d. Bergh (*Deutsch. Arch. f. klin. Med.*, 1905, Band lxxxiii. p. 86). In 1902 Stokvis described a new clinical picture under the name "Autotoxische Enterogene Cyanose." His patient, a man, aged thirty-eight years, had severe enteritis, clubbed fingers, and a very remarkable degree of cyanosis of the skin and mucous membranes, spectroscopic examination of the mucous membranes showing definite methæmoglobin bands. The similarity of the condition to poisoning with certain drugs, as with potassium chlorate and the aniline derivatives, led Stokvis to assume the development in the diseased bowel of some poisonous substance, which, when absorbed, converted part of the hæmoglobin into methæmoglobin. In the same year Talma reported 3 more cases, all with diarrhœa, clubbed fingers, intense cyanosis of the skin, and mucous membranes and methæmoglobinæmia. He demonstrated the characteristic spectral bands in the blood taken from the finger, as well as in the skin and mucous membranes, and showed further that the methæmoglobin was not free in the plasma, but remained attached to the corpuscles. To these observations v. d. Bergh adds two of his own.

His first case is that of a boy, aged nine years, who was born with atresia ani, which was operated upon. At the end of several months a rectourethral fistula formed, and since then has remained patent, so that feces and urine are both emptied through the bowel. For four or five years the mother had noticed that on exertion the child became cyanosed, and for a year previous to admission he had been blue, even while at rest. The poorly developed, emaciated child showed an intense cyanosis, which varied from day to day, but was always deeper after exertion. Heart and lungs showed no evidence of disease. In the rectum was a fibrous stricture, and above this a rectourethral fistula. At times fecal material could be pressed from the penis, but by catheterization urine was obtained, which was pale, cloudy, free from albumin and sugar, but contained much indol. Stools were frequent, thin, alkaline, with strong ammoniacal odor, and turned black on exposure to air. Spectroscopic examination showed the presence of a substance giving a band in the red, which was at first assumed to be methæmoglobin.

Considering such cases as evidently of toxic origin, attempts have been made to isolate the poison in the urine. Stokvis found that the urine after undergoing alkaline decomposition turned a deep red color on the addition of mineral acid, and rapidly converted oxyhæmoglobin into methæmoglobin, properties which the voided acid urine did not